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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/886,928
		Filing Date	06/21/2001
		First Named Inventor	Tatsuo Ozaki, et al.
		Art Unit	3743
		Examiner Name	Nihir B. Patel
Total Number of Pages in This Submission		Attorney Docket Number	4041K-000023

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> <div style="margin-left: 10px;">The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.</div>		

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TECHNOLOGY CENTER R3700

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.		Attorney Name Michael J. Schmidt	Reg. No. 34,007
Signature				
Date	April 26, 2004			

## CERTIFICATE OF TRANSMISSION/MAILING

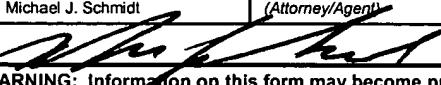
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Michael J. Schmidt	Express Mail Label No.	EV 406 076 670 US (04/26/2004)
Signature		Date	April 26, 2004

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <b>FEE TRANSMITTAL</b> <b>APR 26 2004 for FY 2004</b>		<b>RECEIVED</b> <b>MAY 03 2004</b>																																																																	
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. 4041K-000023																																																																	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 420)		<b>FEE CALCULATION (continued)</b>																																																																	
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>																																																																	
Name (Print/Type) Michael J. Schmidt Signature 		Registration No. (Attorney/Agent) 34,007		Telephone (248) 641-1600																																																															
Date April 26, 2004																																																																			

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